

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/27/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RICH SQUARE VILLA

310 N MAIN STREET
RICH SQUARE, NC 27869

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller on April 27, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)		
(C 111)	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings on April 27, 2016 The following reports were not available at the time of the survey: a) Fire Alarm Panel Annual Test Report.	(C 111)		
(C 160)	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	(C 160)	See attached report	5/10/2016

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

May 19, 2016

STATE FORM

6999

98MB22

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/27/2016
NAME OF PROVIDER OR SUPPLIER RICH SQUARE VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 310 N MAIN STREET RICH SQUARE, NC 27869		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 160)	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility components were not maintained in a safe manner. Findings on April 27, 2016 a) Room 24 has a broken window	(C 160)	Broken window has been replaced.	5/16/2016
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on April 27, 2016 g) Room 1 has a sprinkler escutcheon missing h) Room 25 has one escutcheon in the closet missing These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.	(C 189)	The fire sprinkler escutcheon have been corrected.	5/10/2016

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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(C 199)	Continued From page 3 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings on April 27, 2016 c) Bathroom fan on room 26 venting into the attic	(C 199)	Gary Hughes Electric has been contracted to properly vent the bathroom fan. Estimated completion: 5/20/2016		

First Fire Protection, Inc.
PO Box 10594
Raleigh, NC 27605

Fire Alarm Inspection Report

Date: 10/02/2015

SERVICE ORGANIZATION

Date	09/29/2015
Time	10:15
Name	Peace of Mind
Address	Po box 10142
City	Raleigh
State	NC
Zip	27605
Representative	Calvin Dae
License No.	19263 splv
Telephone	919-830-6546

PROPERTY NAME (USER)

Name	Rich Square Asstd Living
Address	310 N Main St
City	rich Square
State	NC
Zip	27869
Owner Contact	Pam
Telephone	252-538-4161

MONITORING ENTITY

Contact	Chris Register
Telephone	919-830-6546
Monitoring Account Ref. No.	B3496

APPROVING AGENCY

Contact	Chris Register
Telephone	919-830-6546

TYPE TRANSMISSION

Type Transmission	McCulloh
Other (Specify)	
Control Unit Manufacturer	Firelite
Circuit Styles	Y class b
Number of Circuits	1
Software Rev.	
Last Date System Had Any Service Performed	10/02/2015
Last Date that Any Software or Configuration Was Revised	10/02/2015

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Fire Alarm Inspection Report

Date: 10/02/2015

SERVICE

Service _____ Annually
Other (Specify) _____
Model No. _____ Ms9200

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Description _____ Manual Fire Alarm Boxes

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify) _____
Quantity _____ 4
Circuit Style _____ Class b

Description _____ Photo Detectors

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify) _____
Quantity _____ 15
Circuit Style _____ Class b

Description _____ Duct Detectors

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify) _____
Quantity _____ 2
Circuit Style _____ Class b

Description _____ Heat Detectors

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify) _____
Quantity _____ 1
Circuit Style _____ Class b

Description _____ Waterflow Switches

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify) _____
Quantity _____ 1
Circuit Style _____ Class.

Description _____ Supervisory Switches

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

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Fire Alarm Inspection Report

Date: 10/02/2015

If Other (Specify) _____
Quantity _____ 1
Circuit Style _____ Class b

Description _____ Other
ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION (DETAIL)

If Other (Specify) _____ Door holders
Quantity _____ 2
Circuit Style _____ Class b

ALARM VERIFICATION

Alarm Verification feature is _____ Enabled

ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO

Description _____ Strobes
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify) _____
Quantity _____ 4
Circuit Style _____ Class b

Description _____ Horns
ALARM NOTIFICATION APPLIANCES & CIRCUIT INFO (DETAIL)

If Other (Specify) _____ Horn strobes
Quantity _____ 12
Circuit Style _____

ALARM NOTIFICATION

No. of alarm notification appliance circuits _____ 2
Are circuits monitored for integrity? _____ Yes

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1)
Quantity _____
Style(s) _____

SYSTEM POWER SUPPLIES

First Fire Protection, Inc.
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Raleigh, NC 27605

Fire Alarm Inspection Report

Date: 10/02/2015

(a) Primary (Main)	
Nominal Voltage	120
Amps	20
Overcurrent Protection Type	Breaker
Overcurrent Protection Amps	20
Location (of Primary Supply Panelboard)	Breaker panel
Disconnecting Means Location	Breaker
(b) Secondary (Standby)	2) 12 volt
Storage Battery: Amp-Hr. Rating	8 ahr
Calculated capacity to operate system in hours (24)	
Calculated capacity to operate system in hours (60)	
Engine-driven generator dedicated to fire alarm system	
Location of fuel storage	

TYPE BATTERY

Battery Type	Sealed Lead-Acid
Other (Specify)	
(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply	
Emergency system described in NFPA 70, Article 700	
Legally required standby described in NFPA 70, Article 701	
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701	

PRIOR TO ANY TESTING

Notifications Are Made	Monitoring Entity
PRIOR TO ANY TESTING (DETAIL)	
Other (Specify)	
Yes/No	Yes
Who	Sec. Cen
Time	13:15

Notifications Are Made	Building Occupants
PRIOR TO ANY TESTING (DETAIL)	

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Fire Alarm Inspection Report

Date: 10/02/2015

Other (Specify) _____
Yes/No _____ Yes
Who _____
Time _____ 13:15

Notifications Are Made _____ Building Management
PRIOR TO ANY TESTING (DETAIL)

Other (Specify) _____
Yes/No _____ Yes
Who _____
Time _____ 13:15

SYSTEM TESTS AND INSPECTIONS

Type _____ Control Unit
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual _____ ☒
Functional _____ ☒
Comments _____

Type _____ Interface Equipment
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual _____ ☒
Functional _____ ☒
Comments _____

Type _____ Lamps/LEDs
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual _____ ☒
Functional _____ ☒
Comments _____

Type _____ Fuses
SYSTEM TESTS AND INSPECTIONS (DETAIL)

Visual _____ ☒
Functional _____ ☒
Comments _____

Type _____ Primary Power Supply
SYSTEM TESTS AND INSPECTIONS (DETAIL)

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Fire Alarm Inspection Report

Date: 10/02/2015

Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	Pass
Comments	

Device Type _____ Tamper
INITIATING & SUPERVISORY DEVICE TESTS & INSPECTION (DETAIL)

Loc. & S/N	Riser
Visual Check	<input checked="" type="checkbox"/>
Functional Test	<input checked="" type="checkbox"/>
Factory Setting	
Measured Setting	
Pass/Fail	Pass
Comments	

EMERGENCY COMMUNICATIONS EQUIPMENT

Type _____ Phone Jacks
EMERGENCY COMMUNICATIONS EQUIPMENT (DETAIL)

Visual	<input checked="" type="checkbox"/>
Functional	<input checked="" type="checkbox"/>
Comments	

SUPERVISING STATION MONITORING

Item _____ Alarm Signal
SUPERVISING STATION MONITORING (DETAIL)

Yes/No	Yes
Time	13:15
Comments	

Item _____ Alarm Restoration
SUPERVISING STATION MONITORING (DETAIL)

Yes/No	Yes
Time	13:15
Comments	

Item _____ Trouble Signal
SUPERVISING STATION MONITORING (DETAIL)

First Fire Protection, Inc.
PO Box 10594
Raleigh, NC 27605

Fire Alarm Inspection Report

Date: 10/02/2015

The following did not operate correctly

System restored to normal operation

Date 09/29/2015

Time 02:15

INSPECTOR INFORMATION

This testing was performed in accordance with applicable NFPA Standards.

Name of Inspector Calvin Dae

Date 09/29/2015

Time 02:15

INSPECTOR SIGNATURE

Inspector Signature



OWNER OR REPRESENTATIVE INFORMATION

Name of Owner or Representative

Date 09/29/2015

Time 02:15

OWNER OR REPRESENTATIVE SIGNATURE

Owner or Representative Signature

TRANSMISSION VERIFICATION REPORT

TIME : 05/24/2016 02:40PM
NAME : RICH SQUARE
FAX : 2525392479
TEL : 2525394145
SER.# : V0M0R0256500LN

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

05/24 02:37PM
19197336592
00:02:49
17
OK
STANDARD
ECM